

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000033107**

1. Entity Name

COLD SPRINGS FINANCIAL CORPORATION

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90007 003 ***150.00

Principal Place of Business 149 BROCK ST THAMESFORD ONTARIO NOM -2MO	Mailing Address 149 BROCK ST THAMESFORD ONTARIO NOM
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	NOT APPLICABLE	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**A.G.C. CO.
200 S ORANGE AVE STE 2300
ORLANDO FL 32802**

7. Name and Address of New Registered Agent

Name
Russell W. Divine

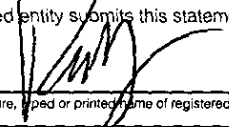
Street Address (P.O. Box Number is Not Acceptable)
24 South Orange Ave.

City
Orlando

State
FL

Zip Code
32801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **1/25/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

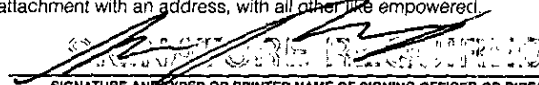
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME BRALEY, GARY E	
STREET ADDRESS 149 BROCK ST	
ST-ZIP THAMESFORD ONTARIO NOM -2MO	
TITLE CD	<input type="checkbox"/> Delete
NAME LEROUX, GEORGE D	
STREET ADDRESS 149 BROCK ST	
ST-ZIP THAMESFORD ONTARIO NOM -2MO	
TITLE D	<input type="checkbox"/> Delete
NAME COWAN, THOMAS	
STREET ADDRESS 149 BROCK ST	
ST-ZIP THAMESFORD ONTARIO NOM -2MO	
TITLE D	<input type="checkbox"/> Delete
NAME CRAM, BRIAN	
STREET ADDRESS 149 BROCK ST	
ST-ZIP THAMESFORD ONTARIO NOM -2MO	
TITLE VTO	<input type="checkbox"/> Delete
NAME BRILLON, MICHEL G	
STREET ADDRESS 149 BROCK ST	
ST-ZIP THAMESFORD ONTARIO NOM -2MO	
TITLE SO	<input type="checkbox"/> Delete
NAME KOEBEL, JANE E	
STREET ADDRESS 149 BROCK ST	
ST-ZIP THAMESFORD ONTARIO NOM -2MO	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE:  DATE: **1/25/00** DAYTIME PHONE #: **519-285-3940**